

Amendment No. 1 to SB1566

Crowe  
Signature of Sponsor

**AMEND Senate Bill No. 1566\***

**House Bill No. 1833**

by deleting all language after the enacting clause and by substituting instead the following:

SECTION 1. There is created a state chronic kidney disease task force, hereafter referred to as the "task force," to improve the health of residents of Tennessee and potentially reduce demands on the state's medicaid program.

SECTION 2.

(a) The task force shall consist of twenty-seven (27) members, and shall be chaired by the chief medical officer for the department of health.

(b) There shall be a co-chair selected from the task force members.

(c) The task force shall include, but not be limited to, the following members:

(1) Two (2) members of the house of representatives to be appointed by the speaker of the house of representatives, and two (2) members of the senate to be appointed by the speaker of the senate;

(2) The chief medical officer for the department of health or the commissioner's appointee;

(3) Two (2) physicians appointed by the Tennessee medical association, from lists submitted by the state medical society

(3) Three (3) nephrologists, one (1) from each of the three (3) grand divisions of the state, to be appointed by the Tennessee renal association, and who shall serve in such capacity on a voluntary basis;

(4) Three (3) primary care physicians, one (1) from each of the three (3) grand divisions of the state, to be appointed by the Tennessee Primary care association, and who shall serve in such capacity on a voluntary basis;

(5) Three (3) pathologists, one (1) from each of the three (3) grand

divisions of the state, to be appointed by the Tennessee society of pathologists, and who shall serve in such capacity on a voluntary basis;

(6) One (1) member who represents owners and operators of clinical laboratories in the state, and who shall serve in such capacity on a voluntary basis. Interested candidates who meet the criteria herein shall submit letters of interest to the task force for selection;

(7) Two (2) members who represent private renal care providers, and who shall serve in such capacity on a voluntary basis. Interested candidates who meet the criteria herein shall submit letters of interest to the task force for selection;

(8) Three (3) member who have chronic kidney disease, one (1) from each of the three (3) grand divisions of the state, to be selected by the kidney foundation, and who shall serve in such capacity on a voluntary basis;

(9) One (1) pharmacist, to be selected by the Tennessee society of pharmacists, who shall serve in such capacity on a voluntary basis;

(10) Three (3) members who represent the kidney foundation affiliates, one from each of the three grand divisions of the state, who shall serve in such capacity on a voluntary basis; and

(11) One (1) member from Q-Source, the Medicare Quality Improvement Organization (QIO) for Tennessee, who shall serve in such capacity on a voluntary basis.

(d) Additional members may be selected to represent public health clinics, community health centers and private health insurers, with interested candidates being required to submit letters of interest to the task force for selection.

### SECTION 3.

(a) The task force shall:

(1) Develop a plan to educate the public and health care professionals about the advantages and methods of early screening, diagnosis, and treatment

of chronic kidney disease and its complications based on kidney disease outcomes quality initiative clinical practice guidelines for chronic kidney disease or other medically recognized clinical practice guidelines;

(2) Make recommendations on the implementation of a plan for early screening, diagnosis, and treatment of chronic kidney disease in the state, with the goal of slowing the progression of kidney disease to kidney failure, requiring treatment with dialysis or transplantation and prevention and treatment of cardiovascular disease; and

(4) Identify the barriers to adoption of best practices and potential public policy options to address these barriers, including the fragmentation of care among specialists and primary care physicians, and lack of access to primary care physicians are examples of barriers.

(b) The department of health shall provide all necessary staff, research and meeting facilities for the task force.

(c) The task force shall submit a report of its findings and recommendations to the general assembly no later than one (1) year from the date of its first meeting, at which time it shall cease to exist.

SECTION 4. This act shall take effect upon becoming a law, the public welfare requiring it.